

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

22141 U.S. PTO
10/808982

032504

Applicant:	CARL A. CASPERS	Anticipated Examiner:	David H. Willse
Serial No.:	To Be Assigned	Anticipated Art Unit:	3738
Filed:	Herewith		
For:	VACUUM APPARATUS AND METHOD FOR MANAGING RESIDUAL LIMB VOLUME IN AN ARTIFICIAL LIMB	Docket No.	55508-296809

Mail Stop Patent Application
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

EXPRESS MAIL LABEL NO. EV314493670US

MARCH 25, 2004

**NEW CONTINUATION PATENT APPLICATION
TRANSMITTAL**

Enclosed for filing pursuant to 37 C.F.R. 1.53(b), 1.63 and 1.78 are the following papers in connection with the above-identified continuation patent application:

1. Complete continuation patent application, including 24 pages of the specification, 3 pages of claims, 1 page abstract;
2. 10 sheets of drawings, including Figures 1 through 20 as described in the specification;
3. Copy of the Declaration and Power of Attorney filed in the prior application (2 pages);
4. Fee Calculation Sheet (1 page);
5. Credit Card Payment Form in the amount of \$770.00 to cover the filing fee thereon;
6. Return postcard.

This application is a continuation of the application set forth immediately below:

Particulars of Prior Application

Applicant: CARL A. CASPERS
Serial No.: 09/785,714
Filed: February 16, 2001

For: VACUUM APPARATUS AND METHOD FOR
MANAGING RESIDUAL LIMB VOLUME IN
AN ARTIFICIAL LIMB
Examiner: David H. Willse
Group Art Unit: 3738

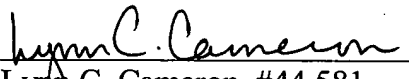
An assignment of the prior application to Otto Bock HealthCare LP was recorded with the Patent and Trademark Office at Reel 014148, Frame 0047.

In the event the amount submitted herewith is insufficient in any respect, the Commissioner is hereby authorized to charge the balance needed to our Deposit Account No. 06-0029 and notify us of the same.

Please place this application on file upon receipt with a filing date of March 25, 2004 .

Respectfully Submitted,

CARL A. CASPERS

By: 
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Dated: March 25, 2004

M2:20613615.01

PATENT

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**CLAIMS FEE CALCULATION
CLAIMS AS FILED - PART I**

	Number Filed		Number Extra	Rate	Basic Fee
					\$ 770
Total Claims	20	- 20 =	0 x	\$ 18	\$ 0
Total Independent Claims	3	- 3 =	0 x	\$ 86	\$ 0
Multiply Dependent Claims	0			\$ 290	\$ 0
				Total	\$ 770